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CONFIRMATION NO. 5379

SERIAL NUMBER 10/057,582	FILING DATE 01/23/2002 RULE	CLASS 435	GROUP ART UNIT 1636	ATTORNEY DOCKET NO. 960296.95726
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APPLICANTS

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** CONTINUING DATA ***** *none*

** FOREIGN APPLICATIONS ***** *none*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 07/08/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>[Signature]</i> Examiner's Signature <i>nr</i> Initials	STATE OR COUNTRY WI	SHEETS DRAWING 8	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 11
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TITLE
 Bacteria with reduced genome

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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